Pl	lease	Type	or	Print	in	Ink

GAF: Grant Approval Form
FOR GRANT APPLICATIONS \$2,000 OR MORE

		Office Use Only				
Date of Board Meeting: New Grant		Agenda Item No.				
i itew Grant	;	Section 1: General In	тогінацон;	X Continuation		
Grant Start/End Dates: 10/08- 4/22/09		Application Dead	Grant Amt: 5,000			
Funder's Grant Title:	SWFWMD Legacy Grant	Your Grant	Title: How Sustainable	s Your Watershed?		
e.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. e.g. Up, Up and Away. Exploring Our Heritage. Young Galileos, etc						
Grant Writer: Stephan	ie Dunda, Sue Jess Timmons School	ol/Dept. SPHS, Pho Brookside	enix, Phone	Ext		
Grant Contact Person*	All	School/Dept <u>1391, 1281, ?</u> Ph		Ext		
*This is the school/district-based	person who is in charge of the	_				
Schools/Programs to be	e served by this grant	# of staff impacted	# of students impacted	# of parents impacted		
SPHS, Phoenix, Brookside		30	450	450		
Does this grant requir	e matching funds?	Yes x No If ve	s, what amount?	How will		
Does this grant require matching funds?Yes _xNo If yes, what amount? How will these funds be raised?						
		Grant Description	i.			
Please fill in all blanks. Do not refer to attachments in your summaries. Do not attach separate sheets.						
			ate how this grant will con activities)	tribute to the needs and		
goals of your School Improvement Plan and/or District Plan. (Not grant activities) Through a collaborative and integrated project, students will perform research, collect test data, analyze it, and draw conclusion to answer the question, "How Sustainable Is Our Watershed?". Students will then create a PSA to persuade the public to keep their watershed sustainable.						
Briefly list grant program activities (what is going to be done with the grant funds): Field trips to Mote, Myakka for all 3 schools. Each student will attend each venue once. Then, they will collaborate on Earth Day (4/22/08) to share their PSA campaigns.						
Please provide a brief expused for new/old staff position,	planation of pertinent bu	dget items that will be aterials/supplies, equipment	funded through this grant	t. (Please indicate if funds will be applicable items.)		

Item	Cost Per Item	
3 Temperature probes	33.95	
3 pH probes	32.95	
2 Seine poles	21.50	
2 Seine nets	10.00	
4 Hydrometers for Salinity	14.50	
3 DO test kits	55.00	
3 Phosphate test kits	55.00	
3 Nitrate test kits	59.95	
4 DO refill kits	25.00	
4 Phosphate refill kits	25.00	
4 Nitrate refill kits	30.00	
1 Fecal Coliform presumptive test	54.95	
kits		
Transportation (Buses)	270.00/trip x 4 trips	
-Phoenix Academy	* *	
-Brookside Middle	270.00/trip x 4 trips	
-Sarasota Polytechnical High School	270.00/trip x 6 trips	
10 Dip nets	20.00	
4 Carolina Factor 9 kits	99.95	
5 sieves	5.00	
20 ID books/field guides	10.00	
20 pairs of water shoes	10.00	
7 aerators and batteries	15.00	
10 Books on estuaries	20.00	
4 Site visit cost to Mote	5.00/student	
Printing	150.00	
3 Book bags	15.00	
Poster boards	200.00	
7 Stop watches	10.00	
Postage	25.00	
Supplies	50.00	
Duppitos	20.00	

How will grant activities be continued after the end of grant period?

Continuing grant next year.

Print Name of Cost Center Head

Signature of Cost Center Head

Data

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings

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Section Two: Summary for grants over \$2,000.

(These grants require School Board approval and must be placed on the School Board Agenda by Grants Office staff.)

Fiscal Management will be done by: District Finance Office School Internal Account Other (name): Name of Primary Funder's Co		1		Fund Source: Federal (indirect cost \$) State Local Foundation Other: Phone Number \$ Amount	
that no additional	(does nology support pe wiring or electric	not include ersonnel mu cal work, be	eyond what is provided		needed to
Please call Jody	Dumas to discus l at 361-6311 ext cluded with your Thank you	lves CONS s your pro . 68824. If GAF. i. Please ca	ject and receive approapproved, you will nee	res RETROFITTING spansal to go forward with you do to create a memo for his a second with questions.	ur proposal.
GRANTS OFFICE USE ONLY Section Three: Signatures Grants Office personnel will obtain applicable signatures in this section *DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES *DIRECTOR OF FACILITIES SERVICES, r CONSTRUCTOR *ON FILE *ON FILE *ON FILE *ON FILE *ON FILE *ON FILE *EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY **EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SUPERINTENDENT					
	*Si		eeded only if applicat	ble.	
Send this completed form	and 1 copy of yo	ur grant to	the Grants Office, Resea	rch, Assessment, and Evalu	ation-Landings

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